ARIZONA STATE RETIREMENT SYSTEM (ASRS) VERIFICATION OF CONTRIBUTIONS NOT WITHHELD (CNW) INSTRUCTIONS EMPLOYER USE ONLY

Phoenix (602) 240-2000 Tucson (520) 239-3100 Toll-Free (800) 621-3778 TTY (602) 240-5333 www.azasrs.gov

Revised: 04/14/09

Dear Payroll or Human Resources Manager:

One of your current or past employees has indicated he or she qualified for membership with the ASRS for a period of time when ASRS contributions were not withheld. We need your cooperation to verify the employee's information. We ask that you read the following information carefully, complete the enclosed form and return it to us as soon as possible. For more information, please refer to the ASRS employer manual or Arizona Revised Statutes § 38-738 or contact Employer Relations staff.

STEP 1

The employer's Payroll or Human Resources Manager should review the employer's records to determine CNW eligibility. If a CNW is established, the employer's Payroll or Human Resources Manager should complete the form in its entirety using dark ink. An employer letter may also suffice.

STEP 2

Once the ASRS receives the employer verification, the member and the employer will be issued an invoice for payment due.

Restrictions

- The employment period must have occurred within the last 15 years.
- ASRS membership criteria must have been met with no ASRS contributions withheld.
- To qualify as CNW, the member must have worked:
 - 7/1/1992 6/30/1999: minimum of 20 hours/week for at least 20 weeks in a fiscal year.
 - 7/1/1999 Present: minimum of 20 hours/week for at least 20 weeks in a fiscal year for one ASRS employer. Prior to 7/1/1999, hours could be added together from multiple employers.
- The position must have been covered under Section 218 of the Social Security Act.
- It is the member's responsibility to prove a contribution error occurred.

Alternate Forms of CNW Evidence

In some cases, the employer will not have records for the time in question. Below are documents the employee can provide to the employer to support the claim:

Documents proving member was employed and covered under Section 218 agreement	Documents proving member met time and hour requirements	Documents verifying member's compensation			
Pay Stubs	Pay Stubs	Pay Stubs			
• W-2s	 Contract with W-2s 	• W-2s			
 Employer Verification 	 Employer Verification 	 Employer Verification 			
Personnel Action Form	Payroll Records				
 Social Security Earnings Report 	Timesheets				

Unable to Prove CNW

If the employer does not have records and the member is unable to provide sufficient documentation to prove the member's eligibility for a CNW adjustment, the member may be eligible to purchase the time as Other Public Service Non-participatory. The member should contact the ASRS to submit an Other Public Service Non-Participatory service purchase request.

Contact Us

If you have questions, please contact an Employer Relations Liaison by e-mail at employerrelations@azasrs.gov or by phone at (602) 240-2000 in Phoenix, at (520) 239-3100 in Tucson, or at (800) 621-3778 outside metro Phoenix or Tucson.



ARIZONA STATE RETIREMENT SYSTEM (ASRS) VERIFICATION OF CONTRIBUTIONS NOT WITHHELD (CNW) EMPLOYER USE ONLY

PLEASE PRINT
COMPLETE AND SEND
TO:ASRS - Member Services
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000 Tucson (520) 239-3100 Toll-Free (800) 621-3778 TTY (602) 240-5333 Fax (602) 240-2090 www.azasrs.gov

This form should be completed by the payroll or human resources manager. Please print.

Disclosure of member's Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account to inform the Internal Revenue Service about distributions and withholdings with respect to the individual's account.

SECTION 1 – Member Information													
Social Security N	Security Number Men			Member Name (Last) (First)								(Middle Initia	I)
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SECTION 2													
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Name of Authoriz	ed Payroll o	or HR Manager (Please print.)		Title							
Signature of Auth	Signature of Authorized Payroll or HR Manager												
			,01						D	ate			



ARIZONA STATE RETIREMENT SYSTEM (ASRS) VERIFICATION OF CONTRIBUTIONS NOT WITHHELD (CNW) Social Security Number Member Name (Last) (First) (Middle Initial) SECTION 3 - Fiscal Year, Gross Salary and Pay Period Listing - Continued **Gross Salary Fiscal Year** (ex.2002-03) **Pay Period Pay Period Pay Period Hours Hours** Hours **Gross** Gross **Gross Ending** Worked **Ending** Worked **Ending** Worked Salary Salary Salary **Fiscal Year Gross Salary** (ex.2002-03) **Pay Period Gross Hours Pay Period** Gross **Hours Pay Period** Gross Hours **Ending** Worked **Ending** Salary Worked **Ending** Worked Salary Salary

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						☐ Yes ☐ No					
Employer Name	Employer Name										
Employer Conta	ct Signature	Date:									
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